## SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept.

Date: Amount Paid: 488 Zoning District Application No.: Ø HOID EM 

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

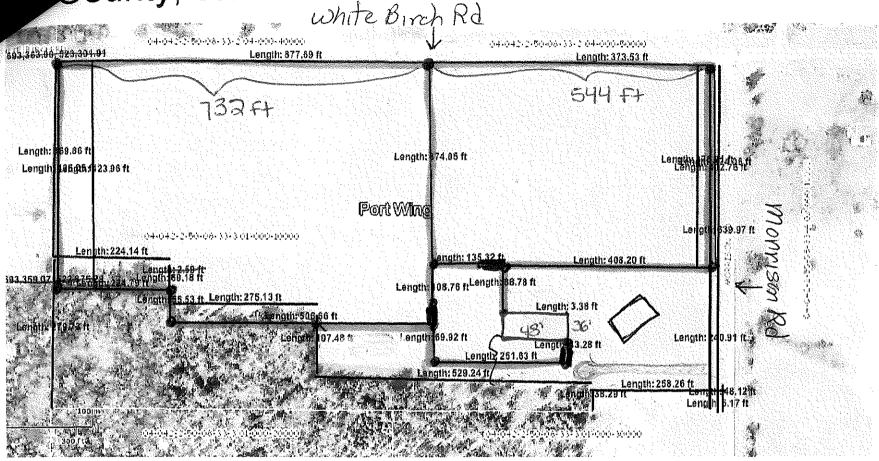
Changes in plans must be approved by the Zoning Department.

		NOV Z VON
ko - 27-μ Date of Approval	Signed A linspector	Rec'd for Issuance
		Condition:
Variance (B.O.A.) #		Mitigation Plan Required: Yes 🔲 No 💆
Date of Inspection to -27 -11	By MC	Home that the issues
AMPAN TO MARK COR KOWT.	F ALLARIS LEWISSANDAYOUSS	Reason for Denial: Inspection Record:—Shoctiwah— પેઇલેવાન્યો
Permit Denied (Date)	Permit Number 11-0422	
Sale .	2	Permit Issued:
Copy of Tax Statement or  (If you recently purchased the property  Attach a Copy of Recorded Deed)	APPLICANT — PLEASE COMPLETE REVERSE SIDE	O
	and the sol	tura V
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County offying on) this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with adaptinistering county ordinances to faces to the above described property at any reasonable time for the purpose of inspection.	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and beli that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfi I (we) further accept liability which may be a result of Bayfieth County oflying on) this information I (we) am (are) providing in I (we) further accept liability which may be a result of Bayfieth County oflying on) this information I (we) am (are) providing in I (we) further accept liability which may be a result of Bayfieth County oflying on) this information I (we) am (are) providing in I (we) further accept liability which may be a result of Bayfieth County of the above described property at any reasonable time.	FAILURE TO OBTAIN A PERMIT (we) declare that this application (including any accompanyin (we) acknowledge that I (we) am (are) responsible for the detail to issue a permit. I (we) further accept liability which may consent to county officials charged with administrains county
☐ External Improvements to Accessory Building (explain)	(48 × Qo)   External	☐ Residential Accessory Building Addition (explain)
☐ Special/Conditional Use (explain) ☐ External Improvements to Principal Building (explain)	( DOS)	Residential Accessory Building (explain)
☐ Commercial Other (explain)	☐ Commerc	
Commercial Accessory Building Addition (explain)		Deck sq. ft Deck(2) sq. ft
☐ Commercial Principal Building Addition (explain)	☐ Commerc	
☐ Commercial Principal Building	☐ Commerc	Residence sq. ft
Type of Septic/Sanitary System	1,728	日
Yes No Number of Stories New Existing Privy City	X304	Structure: New X Addition Exist Fair Market Value 30,000 (Square Footage &
Distance from Shoreline: greater than 75' 🔲 75' to 40' 🔲 less than 40 🔲	No 14 If yes. Distance from	Is your structure in a Shoreland Zone? Yes
Aurnorized Agent(Priorie)	(Work)	Telephone 715 774-35 11 (Home)
	h Road	Corner white
Morthland Buildingsone, 395-5705	Contractor	Property Owner JANET A. Johnso
- 08-55-3 - 01-60-(nec	Parcel I.D. OK-OW1 - 7=50	Volume 1069 Page 731 of Deeds
Range 8	1/4 of Section 33_Township_50	scription $ME$ 1/4 of $SU$
SPECIAL USE B.O.A. OTHER	CONDITIONAL USE	LAND USE SANITARY PRIVY Use Tax Statement for Legal Description
	• 1	Changes in plans must be approved by the Zoning Department

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Jounty, WI



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